Effective October 1, 2004									Ap	Application or Docket Number 10/5/1727			
		CLAIM	S. ILEC	- PART	ı			SMALL					
-	OTAL CLAIN	40	(Colu	ımn 1) (Column 2)			_	TYPE	ENIIIY	0	OTH R SMA	IER THAN LL ENTITY	
┢╾		VIS						RATE	FEE		RATE	FEE	
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• 1	the differen	ce in column 1	is less than a	less than zero, enter "0" in column 2			1	TOTAL		OF	1000		
		CLAIMS A	S AMENDE	D - PAR	ΓII				<u> </u>	_] ».		43	
	10/1	(Column 1)		(Cotur		(Column 3)		SMALL	ENTITY	OR	OTHE	ER THAN	
AMENDMENT A	1000	REMAINING AFTER AMENDMENT	1	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
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AMENDMENT B		(Column 1) CLAIMS	T :	(Column		(Column 3)	r			•	ADDIT, PEE		
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If the entry in column 1 is less than the entry in column 2, write "O' in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is two thems 3.													
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